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CONFIRMATION NO. 2609

<b>SERIAL NUMBER</b> 10/734,126	<b>FILING OR 371(c) DATE</b> 12/15/2003 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> 034536-0928
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/784,332 02/16/2001 PAT 6,841,579 which is a DIV of 09/283,011  
 03/31/1999 PAT 6,207,401  
 which is a DIV of 09/012,135 01/22/1998 PAT 6,716,575  
 which is a CIP of 09/005,268 01/09/1998 ABN  
 which is a CIP of 08/755,728 11/25/1996 PAT 5,962,312  
 and claims benefit of 60/008,809 12/18/1995  
 and claims benefit of 60/023,943 08/14/1996

*SA 5/16/06*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 2	<b>INDEPENDENT CLAIMS</b> 2
Examiner's Signature _____ Initials _____					

**ADDRESS**  
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**TITLE**

Diagnosis and treatment of AUR1 and/or AUR2 related disorders

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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